

Request for Recovery of Debt Due the United States

Name of annuitant or former employee from whom collection is being sought (and other names under which employed)	Social Security Number	Date of birth	Retirement Claim Number (include "CSA" or "CSF", as appropriate). <input type="checkbox"/> CSRS <input type="checkbox"/> FERS
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Description of Debt

Creditor agency (name and address)	Date of termination of service	Amount of debt \$	
	Date claim accrued	Amount of interest and other charges \$	due thru <i>(date)</i>
	Reason for debt	Additional interest	will accrue <input type="checkbox"/>
Total collection \$			
Amount of each installment \$			
Disbursing officer (name and symbol number)			
Appropriation or fund to be credited (title and symbol number)			
will not accrue <input type="checkbox"/>			

Due Process

I hereby certify that the individual identified above owes the United States a debt in the amount certified, that procedures in 4 CFR 101.1 et.seq. and in 5 CFR 831.1801 et.seq. or 5 CFR§ 845 have been followed, and if ordered by a competent administrative or judicial authority, we will reimburse OPM or repay the debtor the amount received from OPM within 15 days of the date of the order.

Debtor's signed acknowledgment attached		Employee requested review (or hearing, if available)	/ /	Signature of agency official making certification
Debtor's signed Consent attached				
If no acknowledgement or consent, complete items below. Date actions taken <i>(indicate actions and dates below)</i>		Hearing held	/ /	Title
Creditor agency sent notice of intent to offset	/ /	Decision for creditor agency	/ /	Date
Employee did not respond <i>(consent assumed)</i>	/ /	Other <i>(explain) (Attach additional sheets as necessary)</i>	/ /	Telephone number <i>(including area code)</i>

Office of Personnel Management Report of Action on Request for Recovery

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| <input type="checkbox"/> a) Retirement account is available for immediate set-off. OPM will make payment to you as soon as possible. | <input type="checkbox"/> d) Debtor has not filed an application for benefits. Request for recovery has been filed for possible future action. | <input type="checkbox"/> g) Other <i>(specify)</i> |
| <input type="checkbox"/> b) Retirement deductions for the last known period of service have been refunded. Request for recovery has been filed for possible future action. | <input type="checkbox"/> e) Debtor has no amount to his credit in the Retirement Fund. Request for recovery has been filed for possible future action. | |
| <input type="checkbox"/> c) Retirement account for the last known period of service has not been received in the Office of Personnel Management. Request for recovery has been filed for possible future action. | <input type="checkbox"/> f) We are unable to identify the debtor from the data furnished. If you will fill in the missing identifying items and return all copies of the request, another attempt will be made. | |

Signature of authorized OPM official

Date